
EVALUATOR MANUAL TRANSMITTAL SHEET

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Subject:

Reference Material – Annual Visits/Fees

Reason For Change:

To remove reference for conducting focused visits, revise table of contents and add the annual visit protocol for family child care homes.

Filing Instructions:☒ REMOVE – entire package☒ INSERT – revised package

Approved:

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3-1010 GENERAL STATEMENT**3-1010**

Effective January 1, 1993, there is no requirement for a renewal application to be submitted on an annual basis. The application, signed at the time of initial application, will include a provision allowing for continued use of a license without an expiration date provided the licensee is in substantial compliance with all licensing requirements. Even though facility licenses are no longer subject to renewal, a visit is still made on an annual basis except in the case of family child care homes. These visits will in the future be referred to as an “annual visit” not a renewal visit. In addition, facilities will be subject to payment of an annual fee by the anniversary date of the current license. Certified family homes of foster family agencies and foster family homes are exempt from the annual licensing fees.

Effective November 1, 1998, the *Aggregate Annual License Fee Notice* will be sent only to the primary aggregate facility. The notice will generate 120 days prior to the *primary facility’s anniversary date*. If the annual fee payment is not paid by one week after the due date, 30 days prior to the primary facility’s anniversary date, the primary and all secondary facilities will receive a *Final Notice*. This notice notifies them the annual fee is overdue and if the payment is not made by the anniversary date, the license is subject to forfeiture. If the annual fee remains unpaid one week prior to the primary facility’s anniversary date, a Notice of Forfeiture will generate again to the primary and all of the associated secondary facilities notifying them payment must be received by the primary’s anniversary date or their licenses are subject to forfeiture.

3-1100 ANNUAL LICENSE PROCESS**3-1100**

It is the licensing analyst’s responsibility to ensure that all licensed facilities currently in operation in his/her caseload have paid the required licensing fee in order to retain a valid license.

For State licensed facilities, the Licensing Program Analyst will receive a computer generated control list of all licensed facilities 150 days prior to the anniversary date of the license. This control list is the “Visit Report” generated by the licensing information system. An *Annual License Fee Notice* is automatically generated by the licensing information systems 120 days prior to the facility’s anniversary date of the current license. For aggregate facilities, the *Annual Aggregate License Fee Notice* will be generated and sent to the *primary facility only* for all the aggregate facilities operated by the licensee. (Refer to Section 3-1400 for billing procedures for aggregate and non-aggregate licensing fees.)

Please refer to Section 3-1400 for billing procedures for licensing fees to family child care homes licensed by the counties.

3-1200 REVIEW OF FILE**3-1200**

One of the most important functions prior to conducting a facility visit, is reviewing the facility file. This review gives the licensing staff an overview of the facility's history regarding previous visits, complaints, etc. The file review is also necessary to ensure all required forms and verifications are on file and up-to-date. **For State licensed facilities,** use the Annual License Visit Checklist for the appropriate facility type to review the file.

For State licensed facilities, the Licensing Program Analyst will receive a computer generated copy of the "Annual Notice of Facility Roster" 150 days prior to the anniversary date of the license of all facilities that require an annual visit. It will be the Licensing Program Analyst's responsibility to mail this Roster out to the licensee 120 days prior to the anniversary date of the license. This report contains a list of persons fingerprint cleared or pending clearance to work at the facility.

The licensee is instructed to update the form and return it to the Licensing Program Analyst with any required documents or verifications. This form will be helpful when the Licensing Program Analyst conducts the annual visit to verify staff persons working in the facility.

In cases of pending fingerprinting clearances, the licensee must be able to provide a photocopy of the individual(s) fingerprint cards (BID-7) and the date submitted to the Department of Justice. If the licensee is unable to provide this verification, the Licensing Program Analyst must cite a Type A violation with an immediate plan of correction when conducting the annual visit.

3-1300 REQUEST FOR CHANGES IN THE LICENSE**3-1300**

When a licensee requests changes to the terms/conditions of their license, a determination shall be made as to whether these changes constitute the need for a new application and/or new or revised clearances. For example, a change in location, change in ownership or change in facility type will require a new Application for License (LIC 200 and LIC 279A). These changes will alter the anniversary date of the license. Refer to California Code of Regulations, Sections 80034, 87235 and 101185 on Submission of New Application. Due to a recent programming change to licensing information systems, effective July 1999, facility anniversary date changes can be made without interruption to the facility's billing cycle.

If the licensee is requesting a change in capacity or a change from ambulatory clients to non-ambulatory clients, these changes require a new LIC 200 or 279A and a floor plan. The licensee will also be required to obtain a new fire clearance for changes from ambulatory to non-ambulatory. Other documents may be required to verify the licensee's ability to accommodate additional and/or non-ambulatory clients.

3-1300 REQUEST FOR CHANGES IN THE LICENSE (Continued)**3-1300**

The increased fee for licensees who have increased their facility capacity will not become effective until the next anniversary date of the license. This is current practice for those facilities that are now paying license fees. However, if a licensee has more than one change in capacity within a 12-month period, they will be charged an application fee if the second change is an increase in capacity. This will prevent licensees from lowering their licensed capacity prior to each anniversary date and raising their capacity afterward to avoid paying fees. For a single capacity decrease, there is no application fee.

If the *Annual License Fee Notice* or *County Billing Notice* is being processed simultaneously with the request for change in the terms/conditions of the license, licensing staff should not delay processing of the fee billing notice pending review of the change(s) to the license. Depending on the change(s) to the terms/conditions of the license, the anniversary date may or may not be modified.

Aggregate Facility Changes

Licensees who are part of the Aggregate Rate Fee Program, who have changed primary facilities, or have changed their total child care center facility capacity that resulted in a modification of their aggregate fee, will continue to be billed on the anniversary date of the *initial*-primary facility.

All changes involving aggregate facilities will be entered by the Central Operations Branch. The Central Operations Branch will be responsible for 1) entering a new aggregate application into the licensing information systems, 2) associating a new facility to an existing aggregate in the licensing information systems, and 3) assigning a new primary should the existing primary close. For all of these transactions, the district office must forward a copy of the written request sent from the licensee to the Aggregate Program Coordinator at Central Operations Branch, MS 19-50. Each request must include the facility's name, corresponding number, and effective license date for input into the licensing information systems. Secondary facility closures can be entered by the district offices, however, such changes must be called into the Aggregate Program Coordinator at Central Operations Branch in order to update the Aggregate Quarterly Update Report.

3-1400 ANNUAL FEES**3-1400**

For State licensed facilities, the *Annual License Fee Notice* is mailed to the licensee 120 days prior to the anniversary date of the license. For those child care center facilities that are part of the Aggregate License Fee Program, an annual aggregate fee is collected on the anniversary date of the primary facility's license anniversary date. The *Aggregate Annual License Fee Notice* is mailed to the licensee of the *primary facility* 120 days prior to the primary facility's anniversary date of the license. The *Aggregate Annual License Fee Notice* is no longer sent to the secondary aggregate facilities.

If a licensee pays the annual fee after the anniversary date, district office staff must inform the licensee to submit a new license application and new application fee to become re-licensed. All licensing requirements for a newly licensed facility are the same for a facility re-licensure. Any exceptions to this must be approved by the District Office Manager).

The Following Procedures Apply For All Facility Types, including Aggregate Child Care Centers.

A licensee who fails to pay the full annual fee by the facility's anniversary date subjects the license to forfeiture by operation of law, or to revocation in the case of residential care facilities for the elderly. In the event that the facility continues to operate after its license is forfeited or revoked, it is operating as an unlicensed facility and is subject to unlicensed facility penalties pursuant to Health and Safety Code Sections, 1547, 1596.891(a), 1568.0821, and 1569.485. The district office staff are to follow the Regulation Section for Unlicensed Facility Penalties and Evaluator Manual Section 1-0640.

The *Annual License Fee Notice* instructs the licensee to pay the annual license fee by the 30th day preceding the facility's anniversary date and send it directly to the Central Office Cashiering, MS 14-67, 744 P Street, Sacramento, CA 95814. Within 48 hours of receipt, the Central Office Cashiering will enter the payment information into the Cashiering screen. The district office can verify payment on the *Payment History/Aggregate Menu* screen of the licensing information systems.

If the licensee returns the *Annual License Fee Notice* and payment to the district office, the district office must forward the payment immediately to the Central Office Cashiering, MS 14-67, so timely entry of payment into the licensing information systems can be done.

3-1400 ANNUAL FEES (Continued)**3-1400**

If the district office receives the *Annual License Fee Notice* from the licensee and she/he has indicated the facility is no longer in operation, the district office must close the facility on the licensing information systems. The district office staff must input Closure Code 3 into the *Facility Closure* screen of licensing information systems, "Closed-Licensee Initiated." Note: Licensing Program Analyst must be informed of the closure. (Refer to 3-1600 for surrender acknowledgement instructions and follow office procedure for closing facility file). The *No Longer in Business Notification* can only be signed by the primary facility licensee for purpose of closing the primary or a secondary aggregate facility. Signatures from secondary facility licensees cannot be accepted.

MAILING OF THE LICENSING INFORMATION SYSTEMS GENERATED FINAL NOTICE OF ANNUAL LICENSE FEE-UNDERPAYMENT NOTICE

If the full annual license fee payment or closure code have not been entered into the licensing information systems by the 22nd day preceding the facility's anniversary date, the licensing information systems will generate a *Final Notice of Annual License Fee-Underpayment* and a *No Longer in Business Notification*. The California Department of Social Services mailroom will send these notices to the licensee's mailing address and, if different, to the facility's address. The district office will receive copies of the notices for filing in the facility file, as well as, a *Listing of Facilities Issued a Final Notice*. This listing identifies facilities requiring a follow-up courtesy call by the district office.

Follow-up Courtesy Call Procedures

The District Office Manager or his/her delegate calls the licensees on the *Listing of Facilities Issued a Final Notice*. The phone calls shall be made within seven calendar days following the date the report prints to find out the status of the fee payment and facility operation.

If the licensee states the facility is still in operation, they must be informed that in order to retain their license, they must pay the full annual fee by close of business of their anniversary date or their license is forfeited by operation of law or revoked in the case of residential care facilities for the chronically ill.

3-1400 ANNUAL FEES (Continued)**3-1400**

If the licensee states the facility is no longer in operation, the district office must ask the licensee if they wish to surrender their license. If the licensee chooses to surrender the license, direct them to sign and return the *No Longer in Business Notification* acknowledging the surrender and remit this along with their original license to the listed district office. Upon receipt of the signed *No Longer in Business Notification* or other written notification, the license will be forfeited pursuant to Health & Safety Code Sections 1568.061(b), 1524(b), 1596.858(b), 1596.858 or 1569.19(b). Upon receipt of the signed *No Longer in Business Notification*, district office staff are to input Closure Code 3 “Closed-Licensee Initiated” into the *Facility Closure* menu. (**Note:** Licensing Program Analyst must be informed of the closure). Refer to Section 3-1600 for surrender acknowledgement instructions. No additional automated notices will be produced. District office staff must document all related telephone conversations on the Contact Sheet (LIC 185) to be placed in the facility file.

If a written statement or the signed *No Longer in Business Notification* is not received by the district office by the anniversary date, the license is forfeited, pursuant to Health & Safety Code Sections 1523.1(d), 1569.185(d), 1596.803(d), or revocation initiated pursuant to Section 1568.05(g). Licenses that are forfeited appear on a Closure List for district office staff to close on the licensing information systems. (See *Closing a Facility Due to Nonpayment for District Office Procedures* under Application/Annual Fee sections for Sections 80036, 101187, 87836, 102384, 87224). For residential care facilities for the chronically ill, the licenses are subject to revocation, pursuant to 1568.05(g). For these facilities, the files are referred to legal for revocation. District office staff must identify these facilities on the licensing information systems by entering Code 1, Administrative Action Pending, prior to referring them to legal.

If the district office receives proof of payment from the licensee, the district office must place a copy into the facility file and forward the original documentation to the Accounting Unit, MS 13-72, for entering into the licensing information systems. If the facility is residential care facilities for the chronically ill which has already been referred to the Legal Division for revocation, any activity on the account number must be routed through the Legal Division.

3-1400 ANNUAL FEES (Continued)**3-1400****MAILING OF THE LICENSING INFORMATION SYSTEMS GENERATED NOTICE OF FORFEITURE AND NOTICE OF REVOCATION**

If the full annual license fee payment has not been entered into the licensing information systems by the Central Office Cashiering or the licensee-initiated closure code has not been entered into the licensing information systems by district office staff by the 8th day preceding the facility's anniversary date, the licensing information systems will generate a *Notice of Forfeiture* and a second *No Longer in Business Notification*. Licensing information systems generates a *Notice of Revocation* for residential care facilities for the chronically ill facilities. The California Department of Social Services mailroom will send these notices to the licensee's mailing address and, if different, to the facility's address. A copy prints at the district office for filing into the facility file, as well as, a *List of Open Facilities Issued a Forfeiture/Revocation Notice*. This listing is also printed at the regional office for information only.

The primary aggregate facility's failure to pay the annual fee will result in all licenses within the aggregate group being forfeited. If the primary facility is no longer operating, the aggregate payment can be made by any of the secondary facilities in order to avoid forfeiture of their licenses. Should this be the case the Community Care Licensing Division Aggregate Program Coordinator should be notified so that a secondary facility can be converted to the primary facility status.

These following procedures apply to all facility types except residential care facilities for the chronically ill facilities. Procedures for action to residential care facilities for the chronically ill facilities for nonpayment of the annual fee follow this section.

CLOSING A FACILITY DUE TO NONPAYMENT-FOR DISTRICT OFFICES

3-1400 ANNUAL FEES (Continued)**3-1400****PLEASE NOTE: DISTRICT OFFICE STAFF MUST RESEARCH EACH FACILITY FOR ACCURACY PRIOR TO CLOSING ON LICENSING INFORMATION SYSTEMS**

If the full annual fee payment or licensee initiated closure code have **not** been entered into the licensing information systems, by approximately the 11th day following the facility's anniversary date, the facility will appear on a list named *Facilities To Be Closed Due to Nonpayment of Full Annual Fee*. This listing prints each Monday evening at the district office and every month on the second Monday at the regional offices.

District Office Closure Procedures

To close the facilities that appear on the list, district office staff must input Closure Code 7, entitled "Closed-Non-Payment" into the *Facility Closure* screen of the licensing information systems. Facilities on the list must be closed within ten calendar days from the report print date. **Note:** Follow district office policy for closing facilities.

CLOSING A FACILITY DUE TO NONPAYMENT-FOR REGIONAL OFFICES

This list is information only.

The *Facilities To Be Closed Due To Nonpayment* listing prints on the second Monday of each month at the regional offices. This captures facilities remaining open on the licensing information systems from 11 to 30 days past their facility's anniversary date and in increments of 30 days thereafter. The regional office reports and district office reports are the same report and can be referenced by the report run date. Due to the report only reflecting facilities from the current billing cycle, facilities that remain open on the licensing information systems without a fee payment can remain on the report for up to eight months past their facility's anniversary date before dropping off.

Visits are discretionary for verifying facility operation has ceased.

The following procedures apply to residential care facilities for the chronically ill facilities only.

3-1400 ANNUAL FEES (Continued)**3-1400****REFERRAL ACTION FOR REVOCATION OF RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL LICENSE FOR DISTRICT OFFICES**

If the annual fee payment has not been entered into the *Payment History Report* screen of the licensing information systems or the licensee-initiated closure code into the *Facility Closure* screen by the 11th day following the facility's anniversary date, the facility will appear on the licensing information systems generated *Referral List of Residential Care Facilities for the Chronically Ill Facilities to Legal for Nonpayment*. This listing prints each Monday evening at the district office and every second Monday of each month at the regional offices. The files of the facilities that appear on this list must be sent to legal for revocation action due to nonpayment of their annual license fee. The Licensing Program Analyst must record the status of the facility through entering Code 1, Administrative Action Pending, in licensing information systems prior to sending the file. Any activity on the account, once it has been sent to legal for revocation, must be routed through the legal division.

The *Referral of Residential Care Facilities for the Chronically Ill Facilities to Legal Due to Nonpayment* listing also prints every second Monday of each month at the regional offices. This list captures facilities remaining open on the licensing information systems from 30 days past their facility's anniversary date and in increments of 30 days thereafter. *The regional office report and district office report are the same report and can be referenced by the report run date.* Any activity on the account once it has been forwarded to legal for revocation, must be routed through the legal division.

Procedures for contracted counties licensing family child care homes:

The counties are responsible for billing the new licensing fees 120 days prior to the anniversary date of the license. This billing notice must reflect a payment due date that is 30 days prior to the anniversary date of the license. Failure to pay the required fees, may result in denial of an application or forfeiture of a license.

3-1400 ANNUAL FEES (Continued)**3-1400**

Once the county has collected the license processing fees, the fees are to be remitted to the State Department of Social Services in one county check per month. The check is to be sent to the Department of Social Services, 744 P Street, M.S. 14-67, Sacramento, CA 95814. Accompanying documentation must specify the following:

1. Purpose - Family Child Care license fees.
2. County of origin and PCA Code Number 84773.
3. The number and the amount of fees collected for new applications for facilities serving 6 or fewer children.
4. The number and the amount of fees collected for new applications for facilities serving 7-12 children.
5. The number and the amount of fees collected for annual fees for facilities serving 6 or fewer children.
6. The number and the amount of fees collected for annual fees for facilities serving 7-12 children.

Any variance to the above procedures will require written permission from the Community Care Licensing Division.

3-1500 FACILITY VISITS**3-1500**

Even though facility licenses are no longer subject to renewal, a visit is still made on an annual basis except in family child care homes. These visits will, in the future, be referred to as an “annual visit” not a renewal visit. Prior to the expiration of the current license, licensing staff are to conduct the annual visit.

At the time of the annual visit, the licensee must be made aware of their rights and appeal procedures. This should be done during the exit interview by providing the licensee with a copy of the LIC 9058 (Applicant/Licensee Rights and Appeal Procedures). At this time the licensee should also be informed that the appeal must be filed within ten days from the date of the report. Instructions on how to file the appeal are on the LIC 9058 form.

At the time of a site visit to all child care and children’s residential, distribute brochures on the Shaken Baby Syndrome, PUB 271 (11/95). (Foster family agencies should be asked to distribute the brochures to certified family homes.) At the time of a site visit to all child care centers, also distribute a poster on the Shaken Baby Syndrome, PUB 273 (11/95). This is to be done in compliance with Assembly Bill 3760 (Spier), Chapter 1176, Statutes of 1994. These materials are being distributed for information only. Licensees should not be cited if they do not keep the brochure or display the poster; no notations should be made in the licensing report. An initial supply of the brochures and posters was sent to the regional offices and the district offices in February 1996. Please reorder through the Department’s warehouse using the GEN 727A form. Continue to distribute the brochures and posters for as long as they are made available to the Department; the Department is not required to either purchase or reproduce the brochures or posters. (The brochures must also be distributed at all child care and children’s residential orientations; please see Evaluator Manual Section 3-0100).

3-1510 RESIDENTIAL FACILITIES AND ADULT DAY CARE**3-1510**

Health and Safety Code Sections 1534 and 1569.33 mandate annual visits be made to all Residential and Adult Day Care facilities. Licensing staff are required to conduct comprehensive visits. Prior to conducting a site visit, the Licensing Program Analyst must thoroughly review the facility file to familiarize himself/herself with the history of the facility and the client population served. Because the billing report and the visit reports generate at different times, licensing staff must ask the licensee during the visit if the annual fee payment has been made. **Please note:** Annual fee payments cannot be taken by licensing staff while conducting the visit. Annual fee payments must be mailed in and processed through the fee collection process. (For annual fee billing and collection procedures, refer to Section 3-1400).

The Licensing Program Analyst will receive the Annual Visit Report 150 days before the anniversary date of the license and the Facilities Billed Report 120 days before the anniversary date of the license.

3-1520 FOSTER FAMILY HOMES**3-1520**

Licensing staff will notify the licensee in advance of all visits, except in response to a complaint. Inspection visits to foster family homes shall be made during normal business hours, unless the serious nature of a complaint requires otherwise. "Normal business hours," are 8 a.m. to 5 p.m., inclusive, of each day from Monday to Friday, inclusive, other than State holidays.

3-1530 CHILD CARE CENTERS**3-1530**

Health and Safety Code Sections 1597.09 and 1597.55b(d) mandate annual visits be made to all child care centers and family child care homes. Prior to conducting a site visit, the Licensing Program Analyst must thoroughly review the facility file to familiarize himself/herself with the history of the facility and the client population served. Due to the different generation times of the billing and visit reports, licensing staff must ask the licensee during the visit if the annual fee payment has been made. **Please note:** Annual fee payments cannot be taken by licensing staff while conducting the visit. Annual fee payments must be mailed in and processed through the fee collection process. (For annual fee billing and collection procedures, refer to Section 3-1400.)

3-1530 CHILD CARE CENTERS (Continued)**3-1530**

For those child care centers that are a part of the Aggregate License Fee Program, verification of payment must be viewed on the licensing information systems *Payment History/Aggregate Menu* screen of the *primary aggregate facility* only. The *Payment History/Aggregate Menu* also provides two modes of the Aggregate Listing: (Online) – Display all open secondary facilities associated with an aggregate primary and (Printer) – Provide a printed listing of an aggregate group. In addition, the Aggregate Quarterly Update Report is generated by Central Operations Branch for all district offices which lists the primary and secondary facility associations and payment information for the annual license fee. (Refer to Section 3-1400 for annual fee billing and collection procedures).

The Licensing Program Analyst will receive the Annual Visit Report 150 days before the anniversary date of the license and the Facilities Billed Report 120 days before the anniversary date of the license.

3-1540 COMBINATION CHILD CARE CENTERS**3-1540**

It is important that the annual visits for combination child care centers (i.e. infant, schoolage and/or mildly ill) be performed at the same time. For these facilities, we do not want to make multiple visits to one site even if the anniversary date of initial issuance of the license is different for each program. Annual visits to these facilities are to be scheduled on the same month and day in which the first license was issued at the site. In this way, staffing, capacities, fingerprinting, disaster plans and other common activities can be evaluated at the same time thus avoiding the need to make multiple visits. In the future, licensing information systems will be programmed to allow the adjustment of the initial issuance of the license date so that the annual visit and annual fee for those multiple license facilities can be adjusted to coincide on the same month and day.

When an annual visit is made to a child care center (preschool) program and during the visit infants and school-age children are found in the facility, for which the facility is not appropriately licensed, continue to evaluate the preschool component of the child care center and note on the licensing report that the child care center is not licensed for the infant and/or school-age components. The licensee must immediately complete an LIC 220 - Application for License for the components that are not licensed. It is not appropriate for the Licensing Program Analyst to approve the license to cover all the components of the child care center. Individual licenses are necessary for each component of the child care center.

The Department cannot issue a license for infant care, school-age or mildly ill children under the child care center regulations only. The licensee shall, in addition to the child care center regulations, meet the regulations that are applicable to infant care, school-age and/or mildly ill children in order to qualify for a license for that particular component part of the program. If the information is not complete for licensing all the component parts, the preschool license should be approved alone and the rest as soon as possible.

3-1540 COMBINATION CHILD CARE CENTERS (Continued)**3-1540**

For purposes of determining when an annual visit is due and filing instruction for Combination Child Care Center programs, please refer to Evaluator Manual Section 2-3151 under "Office Functions". Please note, the annual visits to a combination child care center will be scheduled on the same month and day in which the first license was issued at the site.

3-1550 FAMILY CHILD CARE HOMES**3-1550**

FOR ALL FAMILY CHILD CARE HOMES LICENSED BY THE STATE AND COUNTY an unannounced site visit must be made on or before every third anniversary of the issuance of the license. In addition to the family child care home visits made every 36 months, an unannounced spot visit shall be made annually to 20 percent of all family child care homes.

Prior to the visit, licensing staff will verify the payment of the annual fee has been paid by the licensee. (See Section 3-1400 for annual fee billing and collection procedures).

FOR STATE LICENSED family child care homes, the Family Child Care Visit Report is generated 150 days prior to the triennial due date for Licensing Program Analysts to schedule their visits. This Report is kept in the Control Book and provides a listing of all the facilities that are due or overdue for a visit. **Note:** There are categories of 12, 24 and 36-month visit reports. The reports are set up in this manner in preparation for annual visits as required by AB 3087. Until there are adequate funds to begin the annual visits, all family child care home will continue to be visited triennially/every 36 months.

3-1560 FAMILY CHILD CARE HOME ANNUAL VISIT PROTOCOL**3-1560**

Prior to the annual visit at the family child care home, refer to Evaluator Manual Reference Section 8-5000, Comprehensive Evaluation Tools, Family Child Care Home Comprehensive Visit Protocol, for information on conducting a facility site visit. The annual family child care home visit is a comprehensive visit and must be made within 120 days of the anniversary date on the license. This visit is to be documented on the Family Child Care Home Annual Visit Control Log.

When to Make an Annual Visit

In addition to the triennial visit, an annual site visit is to be made on all family child care homes cited a serious Type A deficiency and/or substantiated serious complaint during the previous 12-month period. Refer to Section 3-4200 for complete definitions of Type A deficiencies; in general, these are violations of the regulations and the Health and Safety Code that, if not corrected, have a direct and immediate risk to the health, safety or personal rights of children in care. The deficiency citation may be the result of a complaint visit, a triennial visit or any other visit made to the family child care home.

3-1560 FAMILY CHILD CARE HOME ANNUAL VISIT PROTOCOL**3-1560**

(Continued)

A serious Type A deficiency requiring an annual visit includes, but is not limited to, the following types of deficiencies:

- Criminal Record Clearance and Child Abuse Index Check
- Fire safety
- Personal Rights
- Telephones
- Health-Related Services
- Food Service
- Care and Supervision
- Buildings and Grounds
- Fixtures, Furniture, Equipment and Supplies
- Water Supply

Annual visits to family child care homes will begin February 1, 2000.

Interim Procedure for Identifying Homes with Serious Violations

Until the licensing information system is automated to include family child care annual visit notices, district office Licensing Program Analysts will manually enter the visit information in the Control Log Book using the Family Child Care Home Annual Visit Control Log. Contract County Licensing Program Analysts will manually log visit information unless there is an automated system in their respective counties to track the information.

Beginning in February 2000, and until December 31, 2000, for each month in calendar year 2000, Licensing Program Analysts will need to review the LIC 957 Complaint Log for corresponding months in 1999 for serious complaints alleged against family child care homes. For homes that are identified as having been the subject of a complaint investigation during the month, the Licensing Program Analyst must then review the facility file to determine if the serious complaint was substantiated. If the complaint was substantiated and Type A deficiencies are cited, the home is placed on the Annual Visit Control Log and a visit is made to the home during that month. In addition, if the Licensing Program Analyst is aware of homes that have had serious compliance problems and Type A deficiencies are cited, the homes are also to be added to the log and a visit scheduled during the month of the last annual visit to the home. Copies of completed logs are to be compiled by the district office and county licensing office each month and forwarded to the Technical Assistance Bureau at M.S. 19-56, Sacramento, CA.

3-1560 FAMILY CHILD CARE HOME ANNUAL VISIT PROTOCOL
(Continued)**3-1560****Ongoing Procedures**

In district offices, when the annual visit notice is automated in licensing information systems, the Licensing Program Analyst will enter information into licensing information systems that a visit resulting in a serious Type A deficiency citation or serious substantiated complaint has occurred. Licensing information systems will add the family child care home to the annual visit list and schedule the visit notice 120 days prior to the anniversary date of the current license.

In county licensing offices, the Licensing Program Analyst will manually track when a visit results in a Type A deficiency or serious substantiated complaint. The next annual visit will be due in the same month one year following the Type A deficiency citation or serious substantiated complaint. If the county has an automated system that is capable of tracking this information, manual logs will not be necessary.

In district offices, licensing information systems changes are expected to be completed by February 1, 2000, that will provide for data entry notations for each home that has had a substantiated serious violation as described above. As licensing information systems does not include citation information, a separate data entry will be required for each home that has had a serious violation cited during that month. Beginning in January 2001, licensing information systems will produce a report for each district office of homes requiring annual visits on a monthly basis. Monthly statistical reports will also be revised to include information about the new annual visit.

3-1560 FAMILY CHILD CARE HOME ANNUAL VISIT PROTOCOL
(Continued)**3-1560****Visit Cycles for Annual Visits**

Once a family child care home has been scheduled to receive annual visits, one of the following occurs:

- If the plan of correction visit made following the annual visit reveals no further serious deficiencies, the family child care home will go off the annual visit list and return to the triennial visit schedule.

Or:

- If additional serious Type A deficiencies are cited during the annual visit, or there are additional serious complaints, the family child care home will remain on the annual visit list and a visit must be made the following year.
- When annual visits and triennial visits coincide within the same year, the following applies:
- If the annual visit occurs at the time of the normal triennial visit, an additional visit is not required.
- If a serious Type A deficiency is cited at the triennial visit, an annual visit must be scheduled for the following year.

Problem Facilities

If the family child care home has been identified as a problem facility and additional visits have been identified in the compliance plan, consult with the Licensing Program Supervisor to determine if an annual visit is required.

DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING

FAMILY CHILD CARE HOME ANNUAL VISIT CONTROL LOG

1999 SUBSTANTIATED SERIOUS COMPLAINTS

No.	Facility Name & Number	Date 1999 Type A – Substantiated Serious Complaint	Date Annual Visit Completed*	Comments/ Deficiencies Cited**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

* Annual visit should be made one year from the date of the 1999 substantiated serious complaint.

** Any facilities cited Type A deficiencies during the annual visit should be added to the 2000 Type A Deficiencies control log.

DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING

FAMILY CHILD CARE HOME ANNUAL VISIT CONTROL LOG
2000 TYPE A DEFICIENCIES

No.	Facility Name & Number	Type A Deficiency Cited (includes all Serious Substantiated Complaints)	Date Cited	2001 Annual Visit Due Date (within 120 days of the license anniversary date)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

3-1600 REVIEW OF THE ANNUAL LICENSE FEE NOTICE OR BILLING 3-1600
NOTICE

With the exception of certified homes of foster family agencies and Foster Family Homes, the *Annual License Fee Notice* is sent out to all non-aggregate facilities, 120 days prior to the anniversary date of the current license. For those child care facilities that are part of the Aggregate License Fee Program, an *Annual Aggregate License Fee Notice* is sent out 120 days prior to the anniversary date of the primary facility's license. The *Annual License Fee Notice* and *Aggregate License Fee Notice* notifies the licensee that the annual license fee is due by the 30th day preceding the facility anniversary date to the Central Office Cashiering. The Central Office Cashiering will enter payment into the Cashiering screens. For the non-aggregate facilities, the district office can view payment verification on the *Payment History/Aggregate Menu* screen of the licensing information systems. For aggregate facilities, payment verification can be viewed through The primary facility *only* on the *Payment History Aggregate Menu* screen of the licensing information systems.

3-1600 REVIEW OF THE ANNUAL LICENSE FEE NOTICE OR BILLING NOTICE (Continued) 3-1600

If the facility is no longer in business, the licensee is instructed to sign and return the *No Longer in Business Notification* located on the reverse side of the notice with their original license to the local district office. The *No Longer in Business Notification* can only be signed by the primary facility licensee for purpose of closing the primary or a secondary aggregate facility. Signatures from secondary facility licensees cannot be accepted. Upon receipt of an *Annual License Fee Notice* indicating they are no longer in business, the Licensing Program Analyst should review the facility file to see that there is no pending or anticipated legal action against the licensee. If there is evidence that may support an administrative action, or an administrative action has been initiated, the licensing staff must acknowledge receipt of the surrendered license as follows:

“We acknowledge receipt of your license and/or your statement that you no longer wish to be licensed for a community care/child care/residential care facility. This acknowledgement does not deprive the Department of its authority to institute or continue an administrative action against your license. If the administrative action results in the revocation of your license, you cannot apply for a new license until two years have elapsed from the date of the revocation.” For further instructions, refer to the “blue pages” of your Evaluator Manual, Sections 80042, 101193, 102402, and 87342, under “Conditions for Forfeiture of a License”. For further instructions on Conditions for Revocation of a License for residential care facilities for the chronically ill, see Evaluator Manual, Section 87842.

For non-aggregate facility closures and secondary aggregate facility closures, district office staff must enter Closure Code 3, “Closed-Licensee-Initiated” into the *Facility Closure* menu in the licensing information systems and file the notice into the facility file. Note: Analyst must be informed of the closure. For primary aggregate facility closures, refer to district office procedures in child care centers, Section 101187.

3-1700 DENIAL OF THE LICENSE 3-1700

Since licenses are no longer subject to renewal, the Department can no longer deny renewals after January 1, 1993. Any denial actions that were taken prior to January 1, 1993, are subject to the administrative action procedure that was in place at that time. In the future, all such actions must be handled as a revocation of the license.

If the facility is significantly out of compliance during the facility visit, document the visit accordingly, review the appropriate regulatory sections in the Evaluator Manual regarding revocation or suspension of a license, and consult with your licensing supervisor on the next appropriate action(s).